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Bib Data Sheet

CONFIRMATION NO. 7555

<b>SERIAL NUMBER</b> 09/842,449	<b>FILING DATE</b> 04/26/2001 <b>RULE</b>	<b>CLASS</b> 600 700	<b>GROUP ART UNIT</b> 3736 2174	<b>ATTORNEY DOCKET NO.</b> 89283.051401
<b>APPLICANTS</b> Christopher Zak, Hamburg, NY; Thomas F. D'Aprix JR., Buffalo, NY; Anthony J. Billitier, Lancaster, NY;				
<b>** CONTINUING DATA *****</b> YES THIS APPLN CLAIMS BENEFIT OF 60/199,871 04/26/2000				
<b>** FOREIGN APPLICATIONS *****</b> NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/19/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>ml</i>		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 62
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> JAECKLE FLEISCHMANN & MUGEL, LLP 39 State Street Rochester, NY 14614-1310				
<b>TITLE</b> Electronic data gathering for emergency medical services				
<b>FILING FEE RECEIVED</b> 798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	